



# BATH TOWNSHIP ZONING

Summit County, Ohio

3864 West Bath Road - P.O. Box 1188 - Bath, Ohio - 44210-1188  
Phone: 330.666.4007 - Fax: 330.666.0305  
www.bathtownship.org

## FENCE APPLICATION

For office use only:	Permit No.:	ARC File No.:	BZA File No.:
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### Applicant Data

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Data

Zoning District: (circle one) R-1 R-2 R-3 R-4 B-1 B-2 B-3 B-4 B-5

Corner Lot:  Yes  No Note: Corner lots are required to meet the front setback on both streets.

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Allotment Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### Site Data

Front Setback (ft.) \_\_\_\_\_ Side Setback (ft.) \_\_\_\_\_ & \_\_\_\_\_ Rear Setback (ft.) \_\_\_\_\_

Type of fence: \_\_\_\_\_

Height of fence (ft.) \_\_\_\_\_

Total length of fence (ft.) \_\_\_\_\_

### Required Site Plan Data and Fence Detail Drawings

The following items must be submitted with the application in order to be reviewed. The application will be reviewed and the applicant will be contacted when the plans are approved. The Ohio Revised Code sets forth a maximum of thirty (30) days for review of all applications. No applications will be reviewed at the time of submittal. ***Incomplete applications will delay the review process.*** Site inspections will be conducted at the discretion of the Zoning Inspector.

- One (1) copy of the site plan. The site plan must show the following:
  - A North arrow and scale
  - Existing structures and dimensions

- Driveway and road access locations (existing and/or proposed)
- Proposed structure(s) with dimensions and all setbacks
- Lot dimensions and roadways
- Easements (include details if applicable)
- Septic system and well location (if applicable)
- Indicate the location of lakes, ponds, wetlands, ravines, or other unusual topography
- Riparian Corridor(s) must be clearly indicated on all lots containing applicable watercourses
- All slopes greater than 18% must be indicated on a two (2) foot contour interval map with the contours extending at least 100 feet beyond the lot lines

2. One (1) copy of the fence detail drawings.

3. A digital copy of all required documents (i.e., an emailed .pdf).

**Applicant Certification**

By initialing, the applicant has read, understands, and agrees to the following:

- \_\_\_\_\_ 1. Right Of Revocation - It is understood and agreed by this applicant that any error, misstatement, misrepresentation of material fact, with or without intent, such as might and/or would cause a refusal of this application, or any material alteration in the accompanying plans made subsequent to the issuance of a Zoning Certificate without approval of the Zoning Inspector or Zoning Board of Appeals, shall constitute sufficient grounds for the revocation of such certificate.
- \_\_\_\_\_ 2. The applicant agrees to allow the Zoning Inspector access to the property for on-site inspection(s).
- \_\_\_\_\_ 3. The applicant agrees to abide by the Ohio Revised Code Sections §5589.08, §5589.10, and §5589.22 in that no dirt or mud is permitted on the road right-of-way during construction and that any repair costs for damage to the roadway or parts thereof will be paid by the applicant.
- \_\_\_\_\_ 4. There may be deed restrictions on the property that differ from the Bath Township Zoning Regulations. Please check your deed to make sure that any proposed project meets any restrictions that may be in effect.
- \_\_\_\_\_ 5. The zoning certificate shall become void at the expiration of one (1) year after date of issuance, unless the structure or alteration thereof is started, or within two (2) years after the date of issuance, unless the structure or alteration is completed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee (make check payable to Bath Township Trustees)

\$25.00

**For Office Use Only**

Appearance Review Commission File No.: ARC - -

Board of Zoning Appeals File No.: BZA - -

Approved  Approved w/Conditions\*  Denied \*If approved with conditions, attach copy of conditions to this application and Zoning Certificate.

Zoning Certificate File No.: ZP - -  Approved  Denied\*\*

Zoning Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Reason for denial: \_\_\_\_\_